

## CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

Exhibit "A"

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-18-174935

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)  
KAREN LORANE SMITH HENKE

2. DATE OF DEATH (Actual or presumed)  
(mm-dd-yyyy) NOVEMBER 5, 2018

3. SEX  
FEMALE

4. DATE OF BIRTH (mm-dd-yyyy)  
MARCH 2, 1962

5. AGE (Last birthday)  
56

6. BIRTHPLACE (City & State or foreign country)  
SAN ANTONIO, TX

7. SOCIAL SECURITY NUMBER  
457-35-0694

8. MARITAL STATUS AT TIME OF DEATH  
☒ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)  
EMMETT WILLIAM SMITH

10A. RESIDENCE (Street address)  
935 AZALEA COURT

10B. APT. NO.  
77340

10C. CITY OR TOWN  
COLLEGE STATION

10D. STATE  
TEXAS

10E. INSIDE CITY LIMITS  
☒ Yes ☐ No

11. FATHER'S NAME PRIOR TO FIRST MARRIAGE  
RICHARD HUBERT HENKE

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE  
DOROTHY JEAN ROEMICH

13. PLACE OF DEATH (Check only one)  
☒ In hospital ☐ In long-term care facility ☐ In nursing home ☐ In hospice ☐ In private residence ☐ In other (Specify)

14. COUNTY OF DEATH  
BRAZOS

15. CITY/TOWN, ZIP (If outside city limits, give precinct NO.)  
COLLEGE STATION, 77845

16. FACILITY NAME (If not insurance, give street address)  
SCOTT AND WHITE HOSPITAL - COLLEGE STATION

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED  
EMMETT SMITH - HUSBAND

18. MAILING ADDRESS OF INFORMANT (Street address, city, state, zip code)  
935 AZALEA COURT, COLLEGE STATION, TX 77840

19. METHOD OF DISPOSITION  
☒ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH  
GLENN ANTHONY DUJON, JR. BY ELECTRONIC SIGNATURE - 116158

21. Section  
Block  
Lot  
Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)  
FRANKLIN CEMETERY

23. LOCATION (City/Town, and State)  
FRANKLIN, TX

24. NAME OF FUNERAL FACILITY  
HILLIER FUNERAL HOME - COLLEGE STATION

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and number, City, State, Zip Code)  
4080 HIGHWAY 6 SOUTH, COLLEGE STATION, TX 77845

26. CERTIFIER (Check only one)  
☒ Certifying physician To the best of my knowledge, death occurred due to the cause(s) and manner stated.  
☐ Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, my opinion, death occurred due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER  
AMIR RAHMAN, BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy)  
NOVEMBER 20, 2018

29. LICENSE NUMBER  
F8204

30. TIME OF DEATH (Actual or presumed)  
02:15 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and number, City, State, Zip Code)  
AMIR RAHMAN, 800 SCOTT & AMP, WHITE DR, COLLEGE STATION, TX 77845

32. TITLE OF CERTIFIER  
MD

33. PART 1: ENTER THE CAUSE OF DEATH (DISEASE, INJURY, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)  
a. MULTI-ORGAN FAILURE Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.  
b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.

34. WAS AN AUTOPSY PERFORMED?  
☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
☐ Yes ☒ No

36. MANNER OF DEATH  
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

37. DID TOXICOLOGY CONTRIBUTE TO DEATH?  
☐ Yes ☒ No ☐ Probably ☐ Unknown

38. IF FEMALE:  
☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Still pregnant, but pregnant within 45 days of death ☐ Not pregnant, but pregnant 46 days to one year before death ☐ Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY, SPECIFY:  
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40A. DATE OF INJURY (mm-dd-yyyy)  
40B. TIME OF INJURY  
40C. INJURY AT WORK?  
☐ Yes ☒ No

40D. PLACE OF INJURY (e.g., Department of Health, Corporation, etc., restaurant, wooded area)  
40E. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42. REGISTRAR FILED NO.  
02-317

43. DATE RECEIVED BY LOCAL REGISTRAR  
NOVEMBER 21, 2018

44. REGISTRAR  
REGISTRAR - CITY OF COLLEGE STATION, ELECTRONICALLY FILED



V5-112 REV 12/08

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 27 2018

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

TARA DAS  
STATE REGISTRAR

JLF

